



The Era of Bad Feelings

ONE IN A GROUP OF ROYAL CANADIAN Mounted Police spoke anxiously into his sleeve; gray-haired scientists clustered nearby, looking pale. The object of their attention stood defiantly on a purple padded chair, bullhorn in hand. "Hello and welcome to the Fifth International AIDS Conference," said Ferd Eggan of People with Immune System Diseases, or PISSED. "This conference is going to be different." Eggan announced, as a herd of television reporters scurried over chairs toward him. "This conference is going to be led by people with AIDS."

A cheer rose up from sixty members of the AIDS Coalition to Unleash Power (ACT UP) who sat close around the speaker in chairs they had just seized from conference organizers. Someone else took the bullhorn now to address the thousands who filled the huge main hall of Montreal's Palais des Congrès.

"Are there any conference organizers here?" a protester in a black ACT UP T-shirt shouted toward the nervous scientists. No organizers stepped forward, having distractions of their own. The opening had already been delayed an hour, and the Mounties didn't want the prime minister to come anywhere near this room now. They might have to clear the

Illustration by Lane Smith

room, but that would make such messy pictures on the next day's newscasts.

The night had started with truly promising militancy. Three hundred protesters from AIDS ACTION NOW!, Montreal's REACTION SIDA, ACT UP—New York, and ACT-NOW had swept into the Palais des Congrès, chanting "The whole world is watching" and carrying posters that read "SILENCE = DEATH." Delegates had cheered them, clapping even when they shoved their way past security guards and broke into the convention hall, even as they overran the stage where the opening ceremonies were about to begin. After two hours, the demonstrators' slogans were all used up, the sound of rhetoric wearing thin. But the activists seemed drunk on their own success. Finally, conference organizers dispatched one of their members, an AIDS activist from Vancouver, to negotiate with the protesters. The Fifth International Conference on AIDS officially

By the end of this year's Montreal conference, AIDS activists and scientists hated each other even more than before. If you were HIV-positive, would you feel better?

By Randy Shilts

year, molecular biologists and clinical immunologists had collected their best data and readied it for science's brightest media spotlight.

But there was also something new—something non-

opened two hours late. In years past, these conferences have followed along the lines of scientific confabs for other diseases: pleasant mutual admiration societies where researchers gather to congratulate each other on all the fine work they're doing. The meetings are also meant to imbue the world with a little bit of gee-whiz at the rapid pace of AIDS research.

Never in the history of science had so many researchers assembled in one place to discuss one disease. The volume of scholarship was gargantuan: the 11,600 researchers and 1,300 reporters gathering that June night in Montreal had 5,302 new studies to peruse in their phone-book-sized volume of conference abstracts. All biologists and clinical immunologists had their best data and readied it for science's brightest

scientific—being added to the 1989 conference formula, and the agitated opening ceremonies only confirmed its arrival. The age of gentility between activists and researchers had passed, perhaps forever. It had been coming for more than a year, this Era of Bad Feelings. If the scientists had been less keen on analyzing the statistical parameters of their research papers and had fleshed out the human dimensions of their studies, they probably could have seen it coming.

Since the first AIDS conference convened in Atlanta in 1985, AIDS cases had grown exponentially, as the studies had all predicted. By June of 1989 the AIDS caseload in the United States was about to hit 100,000; in just weeks, the tally of the dead would surpass the number of U.S. servicemen killed in the Vietnam War.

By the mid-1980s, the research had also documented the huge proportion of gay men infected with the human immunodeficiency virus. In cities like San Francisco, this meant that the epidemic had literally decimated the gay male population; one in ten already were diagnosed with AIDS or ARC. Tens of thousands more were HIV-infected. Many of these men had waited patiently and politely through these conferences before. Waiting for word of some breakthrough. Waiting for the scientists to produce results from their hundreds of millions of dollars in research grants. Waiting for hope. But hope was long in coming. Researchers went on television to say, "This is how science works. It is slow." Then they went to cocktail parties, retire to five-star hotels, and assure each other that they were doing splendidly. So this year, the consumers of science did not wait for the news reports, and they did not wait for hope. They went to the conference themselves to tell the scientists that it was no longer enough for the world to understand science; it was time for researchers to understand the world and what the world expected from them.

The trouble was that after being ignored for so long, protesters weren't quite sure what they wanted to say. Once the opening ceremonies commenced, dissenters simply provided their own running commentary on every speech, booing and hissing at anyone who uttered an incorrect word. Barbados's delegate to the United Nations, Dame Nita Barrow, spoke movingly of the swath AIDS was cutting through the Caribbean. She described a village she had visited in which an elderly woman was left to raise twelve grandchildren after her two daughters and four sons had died from AIDS. Her

offspring were all buried behind her house under a neat row of wooden crosses, because the local church did not want their contaminated bodies in its graveyard. Barrow concluded her story by pleading for compassion for "victims of this disease." At this point, the ACT UP word police took up booing. Barrow had used the word "victim," a major semantic no-no among AIDS activists. Unaware of her gaffe, Barrow used the word again when calling for compassion, only to be greeted with hisses. She looked curiously at the protesters: Were these people against compassion?

The night's final speaker was Zambian president Kenneth Kaunda, who, a few years earlier, had refused to do interviews about AIDS with Western reporters. Like most African leaders, Kaunda had originally heard racist connotations in the Western talk of AIDS in Africa. He was angry that Africans seemed to be blamed for the epidemic. Yet now Kaunda was speaking openly about the grave danger facing his country and continent. Among the hundreds of official AIDS deaths in Zambia is his own son.

Kaunda's was a moving speech by the first head of state to acknowledge that a relative had died of the disease. Reporters with a copy of the full text could tell it was meant to pull the conference together, the developed and developing world, those whose interest was academic and those with more personal stakes. It was hard for the audience to get the message, though, since they never heard the full text. Kaunda had to cut it short because the protests made everything run late.

Semantics. The Canadian AIDS Society was concerned about "the need to inform the media about using derogatory terms in their language." The next morning, as the conference got under way, members of the press picked up style sheets and a little AIDS glossary. At the top of the list of words to avoid were the terms AIDS "victim," "sufferer," and "patient" ("unless person is hospitalized"). The "preferred" term was "person with AIDS."

"AIDS-related dementia" was also passé. The severe neurological problems wrought by AIDS were to be called HIV-related organic brain disease, or just OBD. Intravenous drug abusers were not to be called such. "Abuser" is so judgmental. Instead, the acceptable term was "injection drug user." And, the style sheet concluded, avoid the word "prostitute." In- stead, use "sex industry worker."

Meanwhile, in room 406B, AIDS researcher Ariety Pinel

Photo by Jonathan Wrenk/Blackstar

was discussing the belief that years of military dictatorship in her native Brazil had spurred the rampant spread of AIDS. "Many people believe the sexual liberation occurred because under the military dictatorship of the 1970s, sexuality was the only way to express your freedom," she said. The result of that kind of sexual liberation in Brazil today: 43 percent of male prostitutes in Rio de Janeiro are infected with the human immunodeficiency virus. The disease is racing rapidly through the impoverished urban slums in which most of Brazil's 140 million live.

The next speaker, AIDS educator Musa Zazayokwe, explained how apartheid spreads AIDS in countries surrounding South Africa. Miners from poor neighboring countries may not move to South Africa, but they migrate as temporary workers by the tens of thousands to work the white man's diamond mines. Without their wives, some men use prostitutes, who are statistically more likely to be HIV-infected, and at the end of the work furlough take the virus home to their families. Government health warnings are little help; few agencies in the world have less credibility among black Africans than those of the white minority government in South Africa.

Since its detection among five gay men in Los Angeles in June 1981, AIDS has moved from Ecuador to Bangkok, from Greenland to the Yellow River, from Cambodia to Kampala. It could not have been a more manipulative and insidious enemy, this human immunodeficiency virus, taking advantage of political turmoil and racial prejudice, economic dislocation and chemical addiction. At the 1989 conference, the World Health Organization estimated that as many as ten million were HIV-infected worldwide; deaths, now numbering in the hundreds of thousands, are expected to top one million internationally by the mid-1990s.

All this, of course, would mean dead people. Lots of them. One journalist later commented that a politically correct phrasemaker trying to use nice words to shield everyone from this grim reality might soon suggest that these corpses henceforth be called "bodies resting from AIDS."

Predictions. When Dr. George Rutherford of the San Francisco Department of Public Health stepped solemnly to the podium to perform what has become a central ritual at the annual AIDS conference, room 407C was packed. Using slides, curves, and calculations, the Scriptures of the scientific faith, Rutherford began the sad update of what has become known as the San Francisco Hepatitis B Cohort.

The study began in 1978, when the Center for Disease Control and the San Francisco Department of Public Health enlisted 6,697 gay men in San Francisco for a study on a hepatitis B vaccine. In the process of performing the successful research, the government ended up with freezers full of blood samples, used later with patients' permission to reveal precisely when each of the men had become infected with HIV. The unparalleled documentation of dates of infection made the San Francisco Hepatitis B Cohort study the most important piece of AIDS epidemiological research in the world. Because the cohort was drawn from men who visited the public sexually transmitted disease clinic and, hence, tended to be on the libidinous side, the cohort also has the melancholy distinction of representing the highest incidence of AIDS in any single group in the world.

The study has become a crystal ball for predicting how many AIDS cases there will be in the future, because it allows researchers to see how long it takes for a person to get sick with AIDS once he or she is infected. At the first AIDS conference in 1985, murmurs greeted the report that 10 percent of HIV-infected people got AIDS within four years of infection. Imagine that, everyone thought: a virus that kills 10 percent of the people it strikes. Such a high rate of mortality is extremely rare in the world of virological diseases. A year later, at the Second International Conference on AIDS in Paris, researchers reported that 25 percent would develop AIDS within six years of infection. By 1987, the study showed 43 percent developed AIDS within nine years.

Now, Rutherford began to describe the health department's new findings. Normally in such sessions, particularly in an afternoon meeting, there is a restless undercurrent of conversation and shuffling of papers. But as Rutherford began going through his slides, the room fell utterly silent except for the occasional whoosh of doors opening as scores more scientists slipped in belatedly, filling the aisles, crowding the back of the room. The clicking of the slide projector echoed through the hall like the tapping of rosary beads.

Within 120 months of infection, Rutherford said, 54 percent of the gay men in the study had developed AIDS. Another 18 percent had less severe symptoms of AIDS-Related Complex or ARC, which meant they too were on a conveyor belt to a later diagnosis. Another 8 percent had swollen lymph nodes, the usual precursor to ARC. Only 20 percent were without some symptom of immunological decay. So far.

As the slides clicked by, a jaw occasionally dropped open, as if to receive the host. But the slides offered no hint of absolution.

The room was still hushed when Rutherford took his seat. As another speaker began to present his research findings, delegates filed out reverentially. There was nothing more to say. Everyone understood that next year the numbers would be worse and even worse the year after that.

Condoms. NEXT ERECTION: 6 P.M., announced the sign in the pressroom.

Sure enough, every evening a bright saffron condom balloon rose in the broad plaza behind the Palais des Congrès. Six stories high, filled with 77,000 cubic feet of hot air, the condom bobbed over the conference center every night, silhouetted against the deep blue sky.

Montreal was awash in condoms, including packages of Panther rubbers from Bangladesh, Prudence condoms from Zaire, and the old Sri Lankan favorites, Rough Rider "stud-ded" condoms. Representatives from Ansell, Inc., had invaded the city in force to hand out endless boxes of free samples. They even brought along their condom testing machines, which measure strength, elasticity, and integrity. At the Monsanto T-10 tensile tester, Ansell research scientist Mike Engler demonstrated how a powder-blue formfitting Life-Style condom can be stretched to 897 percent of its seven-inch length and 838 percent of its two-inch width before snapping. In other words, this rubber was guaranteed to fit a 17-by-63-inch penis without breaking.

"Bigger than anyone would ever need," said one impressed bystander. "Speak for yourself," said another.

The issue, of course, was not only whether the treatments demonstrated that scientists were laboring under a fierce deadline.

Broder began by recalling the days when childhood leukemia was invariably fatal. Today, 90 percent of pediatric leukemia cases are cured. "I promise you that, in the early fifties and early sixties, there were many individuals who were as wrong then as those who say that we will not make progress against AIDS are wrong now," he said. One day, like childhood leukemia or high blood pressure, AIDS would be a life-threatening chronic medical problem that could be brought under control and managed by treatments, probably a combination of them.

"Manageable chronic disease." It became the mantra of Montreal. Even as Broder began to list the alphabet soup of anti-HIV drugs in development—ddA, ddI, and ddC—the phrase resounded in the minds of the doctors and clinicians, the nurses, and, most of all, the HIV-infected people who were listening.

It was already happening, as Broder demonstrated with a splendid array of charts and graphs. In 1982, he noted, a gay man in New York City had a 30 percent chance of being alive eighteen months after his AIDS diagnosis; in 1987, over 60 percent made it past that mark. And since 1987, Broder added, the expertise of clinicians has probably extended the expected life span further. "I believe we should vow and assert here that at each future AIDS conference, those of us that are charged with developing new drugs for AIDS can come to you and show you better curves and better survival rates," concluded Broder, "until we no longer need to have AIDS meetings."

The most dramatic treatment breakthrough Broder discussed was aerosolized pentamidine, a drug that prevents AIDS-related pneumonia, long the leading killer of AIDS patients. Interestingly, the National Institute of Allergy and Infectious Diseases (NIAID), which gets more than \$74 million a year for AIDS drug studies, had not completed its aerosolized pentamidine investigation. The drug's effectiveness had been proven by community doctors, though, doing their own research in San Francisco.

It was also a mark of how nonresponsive traditional science can be that the conference's official participants didn't mention a word about the most talked-about drug at Montreal. News of GLQ-223, a derivative of the Chinese cucumber root, had electrified the AIDS world two months earlier, in April, when researchers said the herb appeared to selectively kill off HIV-infected immune cells. But months before that, in January, Montreal organizers had rejected a paper on the drug as uninteresting. Though official trials were under way on Compound Q, as it was commonly called, unofficial trials being conducted by the San Francisco-based AIDS information group Project Inform. They were called the "secret trials," though officials at the Food and Drug Administration and NIH reportedly knew about them and were eagerly awaiting the results, even if the trials themselves had no official sanction.

It was almost as if within the (Continued on page 58)

More Acting Up. "Resign. Resign. Resign." The shouts began as soon as Dr. Stephen Joseph, health commissioner of New York City, stepped to the podium to deliver his address to a full session of the conference. To anyone vaguely familiar with the state of AIDS in America, the protest came as no surprise. Since the first reported cases in 1981, New York's municipal government has done little to confront the problem of AIDS, either by launching meaningful prevention programs or by supplying the kinds of outpatient services that have marked the cost-effective response of West Coast cities. As a result, the city's hospitals have been inundated with the disease, and the recent official tally of 20,279 AIDS cases makes New York the home to more reported AIDS sufferers than any city in the world.

A poll of the audience undoubtedly would have found that most were sympathetic to the twenty-two ACT UP protesters. There was something obnoxious about Joseph bragging triumphantly ending his list with: "And, of course, our needle exchange program." The program is actually a pilot research study providing clean needles to several hundred abusers. The official estimate of the total number of addicts in New York City is 200,000; some would double that figure.

"Two hundred needles for 400,000," shouted ACT UP members. Fair enough. But then the demonstrators kept shouting. Later, ACT UP leaders would call the demonstration a great success, saying all the embarrassment pressured the ever-recalcitrant Mayor Ed Koch to actually meet with AIDS organizers in New York City, something he is loath to do. Whatever the local impact may have been for the sake of Manhattan, the audience became thoroughly distracted—and then angry. It was hard to make out what Joseph was saying over the jeering, but he pressed on. And when he finished speaking, the crowd rose to give him one of the only standing ovations all week, not because of anything he had said, but just for having the courage to stand and talk at all.

Waiting. As veteran leader of the clinical trials program at the National Cancer Institute (NCI), Dr. Samuel Broder was a gutsy administrator, but until recently he kept his more idealistic inclinations to himself, eschewing the high media profile relished by some researchers at the National Institutes of Health (NIH). Since his appointment as the new NCI director, however, Broder has allowed his more visionary side to express itself. Defying conventional wisdom that the federal scientific establishment speaks with one voice, Broder has aggressively chided the Food and Drug Administration for the slow pace of approval of AIDS and cancer drugs. Broder is fond of saying: "Having compassion for people with AIDS is like having compassion for starving people. It's nice, but starving people don't need compassion. They need food. It doesn't help to tell them food is growing in some field somewhere, and the food doesn't do them any good sitting on a dock or in a warehouse."

Broder's job at the conference was to explain the state of the art in anti-HIV treatments to a plenary session. Coming on the day after delegates heard the depressing data from the hepatitis cohort, Broder's talk had a particular significance: it would define the fates of the 1.5 million HIV-infected Americans and the estimated 10 million infected people worldwide.

AIDS

(Continued from page 36) AIDS community there were a shadow government forming to test drugs. AIDS organizers like Martin Delaney of Project Inform and the more articulate ACT UP leaders like Jim Ligio and Mark Harrington were well respected and even influential with very government officials they frequently chastised. Even the AIDS establishment had come to understand its own inadequacies when it came to finding treatments.

After all, the other promising drugs that Broder alluded to had been talked about on the AIDS conference for years, but had similarly not made their way out of the Byzantine NIAID bureaucracy. In fact, this was the second conference in a row in which the federal government had no major test results to report from any large-scale drug studies. Drug companies were so frustrated with the sluggish pace of government testing that one of the most popular booths for pharmaceutical representatives was that of New York City's Community Research Initiative, a non-governmental consortium of community doctors who had simply started their own drug trial program. The movement to make AIDS a manageable chronic disease was happening all right, but in spite of the government, not because of it. And HIV-infected people, hungry for treatments, were still being told that the food was growing out in some field somewhere.

AIDS, Inc. At Les Halles, the most exclusive French restaurant in downtown Montreal, scores of doctors and clinicians feasted on elegant entrees and sipped Moët & Chandon. Afterward, checks were reportedly slipped discreetly to garulous men in business suits, who cheerfully beckoned their guests to enjoy a drink. The men with the checks were sales representatives from companies with diagnostic devices to peddle and pharmaceutical services to sell. This epidemic translated to tens of millions of dollars in commercial possibilities.

"Have you read the fluconazole story?" asked the public-relations woman, handing out her information sheets on the anti-fungal drug in the convention center's pressroom. "Have you read about Amphotericin?" asked another flack. "The most important drug research presented here," he said, handing over his own thick press packets. Outside, another industry spokesman slipped a security guard twenty dollars to gain entrance to the press-

room. A day earlier it had cost only ten.

Prices were going up everywhere, as the lavish AIDS trade show downed the hall demonstrated with its 102 booths. Jim Bunn, communications director of the 1990 AIDS conference, looked down the broad, red-carpeted halls of the exhibition hall and sighed. "This isn't an AIDS conference. This is an AIDS convention." At the Coulter equipment booth, sales reps used holograms to create a three-dimensional picture of the immune-system cells that can be detected by their machines for monitoring immune systems (cytometers) and test kits that can ferret out the AIDS virus perform as fast as any on the price tag on their top-of-the-line market, a Coulter sales rep explained. The price tag on their top-of-the-line cytometer: \$300,000-plus.

"It's good to know what's going on with the competitors," said Stefano Fratarangeli of Organon Teknika, a Dutch-owned manufacturer of blood-testing equipment. "It's important for your image to be at the world conference." "This is a very cost-effective way of giving out information," said Andrew Revell of the pharmaceutical giant Burroughs Wellcome. "Here's our target audience all in one place." Of all the companies enjoying the boon of AIDS, Burroughs Wellcome, manufacturer of AZT, has reaped the biggest bonanza. Although the company declines to release figures on AZT profits, a spokesman said that more than twenty thousand people worldwide now take AZT at a typical cost of \$8,000 a year, which would make the market for the drug \$160 million annually. And the uses for AZT were about to expand, everybody knew. While the drug was currently prescribed only for people with full-blown AIDS and advanced ARC, it would soon be shown to help slow the development of AIDS in people with ARC, opening the market to as many as 200,000 more. After that, there was another study on-line that would show that AZT delays even the development of ARC among some HIV-infected, clearing the way for a market estimated to be 400,000 in the United States alone.

Vitex is a private San Francisco company that works with pharmaceutical firms to speed the testing of drugs on HIV-infected patients. The firm's consultant, Dr. Luc Montagnier, spent part of the morning in the booth chatting with Passerby. What a coup, thought envious San Francisco doctors. Having Montagnier, the discoverer of the AIDS virus, hobnobbing in your medical booth is the AIDS

world's equivalent to getting Michael Jackson to dance in your Pepsi commercial. You can't do much better in the way of product endorsement.

Many conferees felt ambivalent about the AIDS trade show, the way the truly religious recoil from booths hawking glow-in-the-dark Virgin Mary statues outside the gronto of Lourdes. The more pragmatic, however, reminded them that the vast tasks required by the epidemic—whether in drug development or in providing home care—could never be performed solely by the government, particularly in this era of Gramm-Rudman budget limits. Only the private sector, energized by visions of sparkling profits, could make sure the work got done.

There was truth in this, at least for the Europeans and North Americans. For representatives of less advantaged countries, there was the lingering awareness that the fancy new drugs and nifty diagnostic gadgets would always be for someone else. Third World doctors who could not afford to inoculate their children against tetanus or measles were not lining up to get the Burroughs Wellcome brochure describing the nuances of a \$650-a-month AZT regimen.

Dr. Samuel Okware, in charge of the battle against AIDS in Uganda, walked slowly among the sales and marketing people, thinking of the devastating that the epidemic was wreaking in his own impoverished country. He shook his head. "As one group is crying from AIDS, another group is smiling," he sighed. "It would appear to me that these are the people who are smiling the most."

Dormitories. After a day at the conference, Western scientists and reporters visited classy restaurants, sipped fine wines, and returned to their views of the St. Lawrence River from the broad windows of luxury hotel suites. But for Third World journalists and many African scientists, the day ended with a subway ride to University of Montreal dormitories. They dined in a student cafeteria and bedded down on a thin foam pad on a narrow plywood platform. The view was of cinder-block walls.

This was not a measure of conference organizers' disregard; indeed, the conference included six hundred participants from the developing world, most of their trips paid for by international health organizations. Some of the researchers staying in the \$28-a-night dorm rooms did so by choice, keeping the per diem expenses of a \$145-a-night Holiday Inn room. That difference in costs for just one week might

equal more than a year's pay for these, some of the most distinguished scientists in Africa.

More than anything, the disparate hostilities reflected the broader geopolitical gap in world income that is the most central reality facing Third World nations in their fight against AIDS. Just as AIDS in the United States is rapidly becoming a phenomenon of poor blacks and Hispanics in eastern inner cities, the international face of the epidemic is poor as well, concentrated largely in the burgeoning urban slums of sub-Saharan Africa and Latin America. The conference's avalanche of new epidemiological data traced in frightening detail the incursion HIV has made into the children of São Paulo, the prostitutes of Côte d'Ivoire, and the mothers of Kenya. Poverty is emerging as the key cofactor for getting this disease; at the conference, scientists mused that AIDS really stood for Acquired Income Deficiency Syndrome.

Poverty's effect on these nations' ability to control the viral invader became increasingly clear during the conference. For example, murmurs arose in the huge auditorium when Dr. N'Galy Bousseigne, director of Zaire's AIDS control program, explained that his country is not screening blood donations, even though studies show that more than one in forty blood donors in the capital city of Kinshasa are infected with HIV. As if to answer the murmurs, Bousseigne then showed a slide with a bar chart comparing the level of government health spending in various nations. At the far right was the huge bar representing the \$575 that the U.S. government spends per person each year on health care. At the left side of the chart, marked by a barely discernible line, was Zaire, which annually spends one dollar per person on health care.

It can cost as much as fifty dollars to screen a pint of blood, Bousseigne said, "We don't have the money."

Entropy. It wasn't a good week for reporters, particularly not for the TV crews that couldn't cover complicated stories about Third World epidemiology or use lengthy terms like "manageable chronic disease" in the 120 seconds their stories ran. That has always been the trouble with AIDS for broadcast news, which is why people like Dan Rather, Tom Brokaw, and Peter Jennings have talked so little about the epidemic. Nobody in network executive suites seems to consider the story important enough to compel any imaginative production concepts.

"We did Africa. We did heterosexuals.

We did the trade show," television producers muttered to each other in frustration, as if 120 seconds a night for three days in a row had thoroughly exhausted the news potential of the greatest epidemic of the latter part of the twentieth century. To add to reporters' edginess, the conference had started on the day the People's Liberation Army rolled into Tiananmen Square with their AK-47s ablaze. The Ayatollah had just died. Poland was having its first open elections, and hundreds were killed in a Soviet train wreck. Reporters weren't making front-page stories out of Montreal.

It was into this atmosphere that Bob Gallo appeared, on the last day of the conference. The National Cancer Institute researcher was a pioneer in AIDS science. A reporter asked him how he felt about the protesters and social-issue advocates at the conference. "I know all of you want to have Bob Gallo saying he doesn't like the conference," he said. Bob Gallo is one of those people who talk about themselves in the third person. Of course, he said, he didn't want to assail the conference, but on the other hand, he guessed that a scientific interaction had been damaged by all the distractions.

Would he continue to attend these conferences? Gallo would not commit. Finally, a story. "I'd evaluate it on the nature of the meeting based on the program," he answered. Bob Gallo, the megastar of AIDS, might not even come to the international AIDS conference next year. It didn't take long for the reporters to fan out and find plenty of other irate scientists.

This is supposed to be about science, they complained—not about social issues and protests. Maybe there shouldn't be any more big conferences like this, some scientists said. And next year's conference—in San Francisco, of all places, ending on the weekend of the Gay Freedom Day Parade, of all days—meant that it was going to get even worse.

The fact was that these researchers were tired of people yelling at them. Scientists working on heart disease or cancer don't have organized lobbies of cardiac or melanoma patients crashing their conferences and making demands. And it was uncomfortable for many scientists to face the people directly affected by their work and its exorbitantly slow pace.

But in the protesters' view, that was precisely the point: Their organized political clout was getting the congressional appropriations that were putting vital organs in scientific hog heaven; those scientists should be accountable to them. The

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scientists seemed to believe they were getting hundreds of millions of dollars in government grants because they looked fabulous in white coats. They were supposed to be producing results. So far, they hadn't. In comparison to the misdemeanor excesses of the protesters, the scientists' shortfalls—no new treatments—looked like felony offenses that would surely sentence many millions to die.

Among protesters, all this fueled an anger and even a smugness that did little to assist their cause. Any excess of demonstration, it seemed, was justified because they were *angry*. At one point, activists even protested the lack of AIDS studies on lesbians. Of course, there are few groups in the Western world with fewer diagnosed AIDS cases than lesbians, but the demand had the ring of the politically correct, so it proved irresistible.

This pointed to the contradiction underlying some of the ACT UP protests. Any government official who delayed AIDS treatment research with bureaucratic red tape or regulatory niceties was, in the rhetoric of ACT UP, a murderer. Yet, scarce resources could be diverted to irrelevant studies because they were polit-

ically correct; and demonstrators could feel justified in shouting for them because they were *angry*. It was as if ACT UP demonstrators themselves were not hearing their most meaningful bulletin: Time is running out, and any effort in the fight against AIDS that does not hasten its prevention or treatment cannot be justified.

This credo presents a standard by which dissenters as well as scientists must be judged. The international conference was not a therapy session, but a moment that was supposed to move the fight against AIDS forward. Just as it was no longer enough for society to have only compassion, it was no longer enough for protesters to have only anger. Inarguably, protesters in groups such as ACT UP have done much to speed substantially the development and release of AIDS drugs. Confrontational tactics have succeeded where years of polite lobbying from more moderate AIDS organizers failed. But the past success and the justifiable anger will be to no avail if future protests do more to alienate their targets than persuade them. It was this delicate line that the dissenters neared and sometimes crossed in Montreal.

Indeed, by the last hours of the conference, these two groups, the scientists and the protesters, were poles apart, one insulated by its arrogance, the other by self-righteous indignation. In past years, the international conferences had affirmed the unification of disparate disciplines and interest groups involved with AIDS; this year, the conference was the site of their disintegration.

Ghosts of Montreal. Montreal's Olympic Stadium, with its huge main tower thrusting diagonally from the ground, looked like an elephantine sundial, marking off the passing hours in the setting sun of the warm evening. Across the street from the stadium, about eight thousand conference delegates were swarming into the Botanical Gardens to enjoy the conference's last reception. Spread across the gardens' freshly cut lawns, sipping white wines, they looked like figures from Manet's *Le déjeuner sur l'herbe*.

As the night progressed, people got drunk. Under a gazebo, a five-piece band played a swinging version of "Brazil," and balding, overweight doctors leaped into frenzied dancing while onlookers clapped and cheered. Nearby, twenty inebriated Spaniards formed a big circle to sing indecipherable Barcelonan drinking songs. On the blue-and-white city buses that began ferrying the guests back to town, dozens of intoxicated Texans blew up blue and pink condoms and passed them out to passengers. It was a time for release, everybody agreed, before returning again to a largely indifferent world for another year of a battle that was not going well.

The Fifth International Conference on AIDS adjourned the next morning. That night, the city of Montreal put on a lavish fireworks display. Tens of thousands crowded the waterfront and bridges to watch rockets burst, flare, and flourish over the city. As the night sky turned black and a chill crept from the river, there was a series of short blasts, and then seven broad silver bands of shimmering light rose from the water. The lights didn't explode or ascend higher like the other pyrotechnics; they just hung there, specterlike, hovering and waiting, before they faded into the night.

Randy Shilts is national correspondent for the San Francisco Chronicle. His best-selling history of the AIDS epidemic, And the Band Played On, is in development as a television miniseries at NBC. He delivered the closing speech at the Montreal conference.

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